

FOR  
TANKS  
IN  
NC

## Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location.  
[SEE MAP ON REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL  
OFFICE ADDRESS].

State Use Only

I.D. Number

Date Received

## INSTRUCTIONS

Complete and return within (30) days following completion of site investigation.

## I. Ownership of Tank(s)

Owner Name: E. James Parker, Sr. (Estate) & E. J. Parker, Jr.  
Corporation, Individual, Public Agency, or Other Entity  
Street Address: 5240 mt. Herman Rock Creek Rd.  
County: Alamance  
City: Snow Camp State: NC Zip Code: 27349  
Telephone Number: ( 910 ) 376-0253  
(Area Code)

## II. Location of Tank(s)

Facility Name: N/A (Vacant lot)  
(or Company)  
Facility ID # (if available): N/A  
Street Address: Adj. to 504 Beaumont Ave.  
(or State Road)  
County: Alamance City: Burlington Zip Code: 27215  
Telephone Number: ( ) N/A  
(Area Code)

## III. Contact Person

Name: James Parker Jr. Job Title: Co-owner of site Tel. No.: 910-376-0253  
Closure Contractor: A&D Envir. & Indus. Address: P.O. Box 484, High Point, NC 27261 Tel. No.: 910-434-7751  
Primary Consultant: Cedar Rock Envir. Ser., Inc. Address: 807 Bullard Lane, Graham, NC 27253 Tel. No.: 910-376-0394  
Lab: R & A Labs Address: P.O. Box 473, Kernersville, NC 27284 Tel. No.: 910-996-2841

## IV. U.S.T. Information

Tank No.	Size in Gallons	Tank Dimensions	Last Contents	Water In Excavation		Free Product		Notable Odor or Visible Soil Contamination	
				Yes	No	Yes	No	Yes	No
1	1000	143" x 46"	gasoline		✓		✓		✓
2	1000	148" x 46"	gasoline		✓		✓		✓

## V. Excavation Condition

## VI. Additional Information Required

See reverse side of pink copy (owner's copy) for additional information required by N.C. - DEM in the written report and sketch.

NOTE: The site assessment portion of the tank closure must be conducted under the supervision of a Professional Engineer or Licensed Geologist. After Jan. 1, 1994, all closure site assessment reports must be signed and sealed by a P.E. or L.G.

## VII. Check List (Check the activities completed)

## PERMANENT CLOSURE (For Removing or Abandoning-in-place)

- ☒ Contact local fire marshal.  
☒ Notify DEM Regional Office before abandonment.  
☒ Drain & flush piping into tank.  
☒ Remove all product and residuals from tank.  
☒ Excavate down to tank.  
☒ Clean and inspect tank.  
☒ Remove drop tube, fill pipe, gauge pipe, vapor recovery tank connections, submersible pumps and other tank fixtures.  
☒ Cap or plug all lines except the vent and fill lines.  
☒ Purge tank of all product & flammable vapors.  
☒ Cut one or more large holes in the tanks.  
☒ Backfill the area.  
Date Tank(s) Permanently closed: 9/20/95  
Date of Change-In-Service: \_\_\_\_\_

## ABANDONMENT IN PLACE

- ☐ Fill tank until material overflows tank opening.  
☐ Plug or cap all openings.  
☐ Disconnect and cap or remove vent line.  
☐ Solid inert material used - specify: \_\_\_\_\_

## REMOVAL

- ☒ Create vent hole.  
☒ Label tank.  
☒ Dispose of tank in approved manner.  
Final tank destination: \_\_\_\_\_

D. H. Griffen Wrecking Co.

## VIII. Certification (Read and Sign)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Print name and official title of owner or owner's authorized representative

Robert A. Payne

Signature

Robert A. Payne

Date Signed

10/1/95